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AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item cannot be obtained insert the word "unknown". Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		Arizona Territorial Board of Health	
BUREAU OF VITAL STATISTICS		ORIGINAL CERTIFICATE OF DEATH	
County of <u>Pinal</u>	District of <u>Sasco</u>	Ter. Index No. <u>502</u>	County Registered No. <u>53</u>
Town of _____	City of _____	St. _____ Ward. _____ (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)	
(If death occurs away from USUAL RESIDENCE, give facts called for under "Special information.")		FULL NAME <u>Quale Aguilar</u>	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
LENGTH OF RESIDENCE		DATE OF DEATH	
At Place of Death _____ yrs <u>3</u> mos.		<u>June</u> <u>2</u> 19 <u>10</u>	
In Arizona _____ yrs <u>5</u> mos.		I hereby certify, That I attended deceased from <u>May 27</u> 19 <u>10</u> to <u>June 2</u> 19 <u>10</u>	
SEX <u>Female</u>	COLOR OR RACE <u>White</u> <u>Chinese</u> <u>Black</u> <u>Indian</u> <u>Mexican</u>	that I last saw her alive on <u>June 2</u> 19 <u>10</u>	
DATE OF BIRTH <u>Nov.</u> <u>20</u> 19 <u>08</u>	(month) (day) (year)	and that death occurred on the date stated above at <u>7 P.</u> M.	
AGE <u>1</u> years <u>6</u> months <u>13</u> days		The DISEASE or INJURY causing DEATH was as follows; <u>Broncho-Pneumonia</u>	
SINGLE, MARRIED, WIDOWED, OR DIVORCED _____		Where contracted <u>Sasco</u> Duration <u>7 Hc.</u>	
BIRTHPLACE <u>Quana, Sonora, Mex.</u>		Contributing cause (if any) <u>Measles</u>	
OCCUPATION _____		Where contracted <u>Sasco</u> Duration <u>7 Hc.</u>	
NAME OF FATHER <u>Ignacio Aguilar</u>		(Signed) <u>John Deane, Jr.</u> M.D.	
BIRTHPLACE OF FATHER <u>Lower California</u>		Address <u>Sasco</u>	
MAIDEN NAME OF MOTHER <u>Via Tienis</u>		SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.	
BIRTHPLACE OF MOTHER <u>Lower California</u>		Former or Usual residence _____ How long at _____ Days	
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.		Place of burial or removal <u>Sasco</u> Date of burial or removal <u>June 3</u> 19 <u>10</u>	
Informant _____		Undertaker _____ Address _____	
(Address) _____		Filed <u>June 3rd</u> 19 <u>10</u> <u>John Deane, Jr.</u> Local Registrar	
		Filed <u>June 5th</u> 19 <u>10</u> <u>Chas. M. Broderick</u>	